									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR)	1º 206640				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			8					RATE FEE		EE]	RATE	FEE
FOR , ·			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385	5.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		• O.			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		0			X43=			OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT		<u> </u>			+145=			OR	+290=	
	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	378	5	OR	TOTAL	
S	OTHER (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL											-	
Н	109		HIGH	EST	ST	1 1	SMALL		ADDI-	1		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PAID	USLY	PRESENT EXTRA		RATE		NAL		RATE	TIONAL FEE
	Total	· X7	Minus	-21	\mathcal{O}	= /		X\$ 9=	\top		OR	X\$18=	
AME	Independent	· 0	Minus	 7	<u></u>]=/		X43=	7		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM		ا ا	145=			OR	+290=	
							L	TOTA	T.			TOTAL	
		,	ADDIT. FE	:E L _		1011	ADDIT. FEE						
AMENDMENT B		(Column 1)	ŀ	(Colun	EST	(Column 3)	П		ADI	DI-			ADDI-
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TION	VAL		RATE	TIONAL
	Total	•	Minus,	**		=		X\$ 9=			OR	X\$18= .	•
	Independent	*.	Minus			=		X43=			OR	X86=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=				+290=	
	TOTAL										OR OR	TOTAL	
		A	DÓIT. FE	E L		OH ,	ADDIT. FEE						
		(Column 1) CLAIMS	•	· (Colum		(Column 3)	-	···	T :				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE
	Total	* •	Minus	**		= ;		`X\$ 9=			OR	X\$18=	
	ind p ndent	*	Minus	***		.		X43=	1	\neg	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM:								+-	\neg			
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.											+290=		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THI	S SPACE is	less than	n 20, enter "20."	A	DDIT. FEE		!	OR ,	TOTAL LODIT. FEE	
		ber Previously Paid					r four	nd in the a	ppropriat	e box	in colu	umn 1.	